

FILED MAY 27 1946
Registration District No. 317

Primary Registration District No. 3063

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton, Missouri
(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution 3 hours
In this community 6 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Richmond Heights
(If outside city or town limits, write "RURAL")
(d) Street No. 7701a (If rural, give location)
(e) Citizen of foreign country? No
If yes, name country _____

3. (a) PRINT FULL NAME ELISE MARTHA CASSEL

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife James Lester Cassel 6. (c) Age of husband or wife if alive ? years

7. Birth date of deceased (Month) 1 (Day) 11 (Year) 1917

8. AGE: Years 29 Months 4 Days 5 If less than one day hr. min.

9. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Informant or business name Frank C. Marlborough

13. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

15. Maiden name Willie Brown

17. (a) Informant William H. Marlborough (b) Address 619 E. Jackson (Bridget)

17. (a) Burial (b) Date thereof 5-18-1946 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc. (b) Address 5966-68 Easton Avenue

19. (a) 5-18-46 (b) E. J. McDevaney (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 16 year 1946 hour 12 minute 45 P.M.

21. I hereby certify that I attended the deceased from 5-16-46 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cor. failure Duration 1 hr
Due to Sodium fluoride 3 hrs

Due to 163.012

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy As above

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) suicide
(b) Date of occurrence 5/16/46
(c) Where did injury occur? Richmond Hgts. St. Louis Co. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

While at work? (Specify type of place) (e) Means of injury Poison
Signature Paul B. Vatterott (M. D. or other) M.D.
Address 601 Brentwood Date signed 5/16/46

MOTHER FATHER COPY BY DATE

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

9661 7 2 NOV
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

Clement M. Murphy

Licensed Embalmer No.

3732

P. O. Address

St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri }
~~City~~ of St. Louis } ss.
City

State File No.....
Local Registrar's No.....

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 17th day of May, 1946, before me appears Frank C. Marbough, who, upon his oath, states that the original record of ~~birth~~ death for Elsie Marthe Cassel died May 16th, 1946, in the State of Missouri, and which was filed at Clayton, Missouri on May 17th 1946, should be corrected as follows:

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. 3 should read Elsie Marthe Cassel.

Instead of Martha Cassel.

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant: Frank C. Marbough ^{Father}
Relationship.

1126a Hamilton Ave. St. Louis, Mo.
Present Address.

Subscribed and sworn to before me this 17th day of May, 1946.

My Commission expires October 7, 1946.
Leonard W. Traeger Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

JUN 24 1949

17885

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Jim

Registration District No. 317

Primary Registration District No. 2063

Registrar's No. 1026

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Martha Cassel
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan 11 1946
(Month) (Day) (Year)

8. AGE: Years 29 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____ (State or foreign country)
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) _____ (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan 1946 year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration

Due to _____
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

SUPPLEMENTARY

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

17885

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